## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                        |                                       |                      |                             |                 |          |           |
|--|---------------------------------------|----------------------|-----------------------------|-----------------|----------|-----------|
| 1 Date of Request: 62705 2 Serial/Patent # 10 520214 |                                       |                      |                             |                 |          |           |
| 3 Please refund the following fee(s):                |                                       | 4 PAPER<br>NUMBER    |                             | 5 DATE<br>FILED | 6 AMOUNT |           |
|  | Filing                                |                      |                             |                 |          | \$ 100.00 |
| 7  | Amendment                             |                      |                             |                 |          | \$        |
|  | Extension of Time                     |                      |                             |                 |          | \$        |
|  | Notice of Appeal/Appeal               |                      |                             |                 |          | \$        |
|  | Petition                              |                      |                             |                 |          | \$        |
|  | Issue                                 |                      |                             |                 |          | \$        |
|  | Cert of Correction/Terminal D         | isc.                 |                             | ł               |          | \$        |
|  | Maintenance                           |                      |                             | į               |          | \$        |
| •  | Assignment                            |                      |                             |                 |          | \$        |
|  | Other                                 |                      |                             |                 |          | \$        |
|  | <u> </u>                              |                      | 7 TOTAL AMOUNT<br>OF REFUND |                 |          | \$ 100.00 |
|  |                                       | 8 TO BE REFUNDED BY: |                             |                 |          |           |
| 10 REASON:   |                                       | Treasury Check       |                             |                 |          |           |
|  | Overpayment                           |                      | Credit Deposit A/C #:       |                 |          |           |
|  | Duplicate Payment                     |                      | , 032448                    |                 |          |           |
|  | No Fee Due (Explanation):             |                      |                             |                 |          |           |
|  |                                       |                      |                             |                 |          |           |
|  |                                       |                      |                             |                 |          |           |
|  |                                       |                      |                             |                 |          |           |
| 11 REFUND REQUESTED BY:                              |                                       |                      |                             |                 |          |           |
| TYPED/PRINTED NAME: Darrell Cottona TITLE: Paralesal |                                       |                      |                             |                 |          |           |
| SIGNATURE: / Mauell ( with phone: 703-308-9,40 x 20) |                                       |                      |                             |                 |          |           |
| office:  |                                       |                      |                             |                 |          |           |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:            |                                       |                      |                             |                 |          |           |
| APPROVED: DATE:                                      |                                       |                      |                             |                 |          |           |
|  | · · · · · · · · · · · · · · · · · · · |                      |                             |                 |          |           |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B